

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, or (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS **1990**

LYON & LYON  
611 WEST 6TH STREET, 34TH FLOOR  
LOS ANGELES, CA 90017

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)  
INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/047,614	05/08/87	018	ROTMAN, A	121 01/16/90
First Named Applicant	ROCKLAGE, SCOTT M.			

TITLE OF INVENTION: DXPYRIDOXYL PHOSPHATE NMRI CONTRAST AGENTS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	187/246 145.0002	546-005.000	C18	UTILITY	YES NO	<del>\$3,100.00</del> \$620.00	04/16/90

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 LYON & LYON  
2  
3

DO NOT USE THIS SPACE

060 04/13/90 07047614  
060 04/13/90 07047614

1 501  
1 142

15.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: SALUTAR, INC.

(2) ADDRESS: (City & State or Country)  
Sunnyvale, California

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION  
California

- A. ☐ This application is NOT assigned.  
☐ Assignment previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies

10

(Minimum of 10)

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER

(Enclose Part C)

☐ Issue Fee ☐ Advanced Order - # of Copies

☐ Any Deficiencies in Enclosed Fees

(Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of person making deposit)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

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1 145  
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080 04113180 05042814

This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
LYON & LYON 611 WEST 6TH STREET, 34TH FLOOR LOS ANGELES, CA 90017	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/047,614	05/08/87	018	ROTMAN, A 121	01/16/90
First Named Applicant: ROCKLAGE, SCOTT M.				

TITLE OF INVENTION: DIPYRIDOXYL PHOSPHATE NMRI CONTRAST AGENTS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	187 346 145.0002	546-005.000	C18	UTILITY	YES NO	<del>\$34.00</del> \$620.00	04/16/90

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR other:

1 LYON & LYON

**LYON & LYON**  
ATTORNEYS - AT - LAW

THE PALMER NATIONAL BANK  
1225 EYE STREET, N.W.  
WASHINGTON, D.C. 20005

15-155/540

1225 EYE STREET, N.W., SUITE 1150  
WASHINGTON, D.C. 20005  
(202) 842-8400

No. 6736

1 525 135.00 CK

PAY 060 04/13/90 07047614  
SEVEN HUNDRED SEVENTY and NO/100 DOLLARS

DATE April 11, 1990

\$ 770.00

TO THE  
ORDER  
OF

Commissioner of Patents and Trademarks

For: Issue Fee and 10 patent copies  
SN 07/047,614 - S. M. Rocklage et al  
Docket 187/246

LYON & LYON

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in interest as shown by the records of the Patent and Trademark Office.